

# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

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|   |   |
|---|---|
| 1. (a) NAME OF COMMITTEE IN FULL<br><b>American Association of Child &amp; Adolescent Psychiatry<br/>Political Action Committee (AACAP-PAC)</b> | 2. FEC IDENTIFICATION NUMBER<br><b>C00567883</b>  |
| (b) Number and Street Address<br><b>3615 Wisconsin Ave, NW</b>  | 3. TYPE OF COMMITTEE (check one)<br><input type="checkbox"/> STATE PARTY<br><input checked="" type="checkbox"/> OTHER |
| (c) City, State and ZIP Code<br><b>Washington, DC 20016</b>   |   |

I certify that **one** of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on **8/26/2014** and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: **American Association of Child & Adolescent Psychiatry Political Action Committee (AACAP-PAC)**  
FEC Identification Number: **C00567883**

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):


|       | Name              | Office Sought            | State/District | Date    |
|-------|-------------------|--------------------------|----------------|---------|
| (i)   | Frank Pallone     | House of Representatives | NJ/06          | 2/3/15  |
| (ii)  | Andy Harris, MD   | House of Representatives | MD/01          | 2/3/15  |
| (iii) | Tim Murphy        | House of Representatives | PA/18          | 3/19/15 |
| (iv)  | Jim McDermott, MD | House of Representatives | WA/07          | 6/30/15 |
| (v)   | Chris Collins     | House of Representatives | NY/27          | 7/14/15 |

(b) **Contributors:** The committee received a contribution from its 51st contributor on: **11/13/14**.

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: **8/26/14**.

(d) **Qualification:** The committee met the above requirements on: **7/14/15**.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

|   |  |                        |
|---|--|------------------------|
| TYPE OR PRINT NAME OF TREASURER<br><b>LARRY D. BURNER</b> | SIGNATURE OF TREASURER<br> | DATE<br><b>7/14/15</b> |
|---|--|------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. § 30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission, Washington, DC 20463  
Toll-free 800-424-9530  
Local 202-694-1100

**FEC FORM 1M**  
(Revised 1/2001)

11-011-0000 11-011-0000 11-011-0000



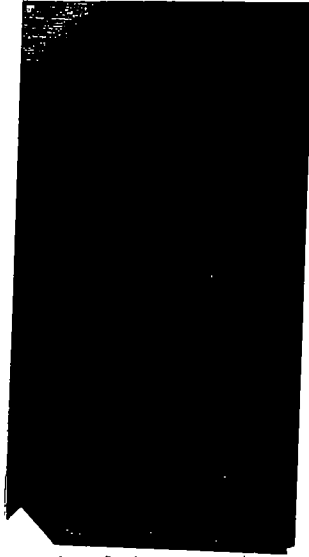
**AACAP-PAC**

AMERICAN ASSOCIATION OF  
CHILD & ADOLESCENT PSYCHIATRY  
POLITICAL ACTION COMMITTEE

3615 Wisconsin Avenue, NW  
Washington, DC 20016-3007



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999 E Street, NW  
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The FEC added this page to the end of this filing to indicate how it was received.

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| <input type="checkbox"/> Hand Delivered                                    | Date of Receipt                                     |
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| <input type="checkbox"/> USPS Priority Mail Express                        | Postmarked  |
| <input checked="" type="checkbox"/> Postmark Illegible                     |   |
| <input type="checkbox"/> No Postmark                                       |   |
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| <input type="checkbox"/> Other (Specify):                                  | Date of Receipt or Postmarked                       |
| <i>CW</i><br>PREPARER<br>(3/2015)  | 7-20-15<br>DATE PREPARED                            |

2015-07-20 10:00:00